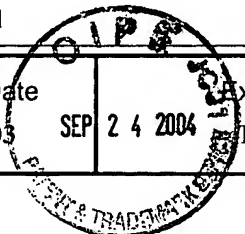
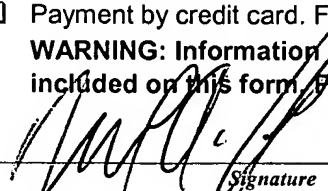
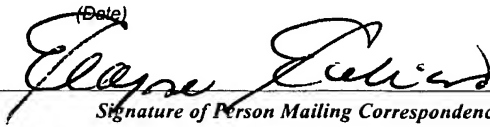


# HFW

|  |                                     |   |  |                              |                               |                                 |
|--|-------------------------------------|---|--|------------------------------|-------------------------------|---------------------------------|
| <b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>   |                                     |   |  |                              | Docket No.<br><b>FAO-0140</b> |                                 |
| Applicant(s): <b>Simon Raab et al</b>  |                                     |   |  |                              |                               |                                 |
| Application No.<br><b>10/642,385</b>   | Filing Date<br><b>8/15/03</b>       |  | Examiner<br><b>T. Reis</b>   | Customer No.<br><b>23413</b> | Group Art Unit<br><b>2859</b> | Confirmation No.<br><b>9473</b> |
| Invention:<br><b>IMPROVED PORTABLE COORDINATE MEASUREMENT MACHINE</b>  |                                     |   |  |                              |                               |                                 |
| <u>COMMISSIONER FOR PATENTS:</u>   |                                     |   |  |                              |                               |                                 |
| Transmitted herewith is an amendment in the above-identified application.  |                                     |   |  |                              |                               |                                 |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |                                     |   |  |                              |                               |                                 |
| The fee has been calculated and is transmitted as shown below.   |                                     |   |  |                              |                               |                                 |
| <b>CLAIMS AS AMENDED</b>   |                                     |   |  |                              |                               |                                 |
|  | CLAIMS REMAINING<br>AFTER AMENDMENT | HIGHEST #<br>PREV. PAID FOR   | NUMBER EXTRA<br>CLAIMS PRESENT   | RATE                         | ADDITIONAL<br>FEE             |                                 |
| TOTAL CLAIMS   | 70 -                                | 38 =  | 32 x   | \$9.00                       | \$288.00                      |                                 |
| INDEP. CLAIMS  | 3 -                                 | 3 =   | 0 x  | \$43.00                      | \$0.00                        |                                 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>   |                                     |   |  |                              | \$0.00                        |                                 |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>   |                                     |   |  |                              | <b>\$288.00</b>               |                                 |
| <input type="checkbox"/> No additional fee is required for amendment.  |                                     |   |  |                              |                               |                                 |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____  |                                     |   |  |                              |                               |                                 |
| <input checked="" type="checkbox"/> A check in the amount of <b>\$288.00</b> to cover the filing fee is enclosed.  |                                     |   |  |                              |                               |                                 |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>06-1130</b> |                                     |   |  |                              |                               |                                 |
| <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.  |                                     |   |  |                              |                               |                                 |
| <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.  |                                     |   |  |                              |                               |                                 |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |                                     |   |  |                              |                               |                                 |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>                          |                                     |   |  |                              |                               |                                 |
| <br>_____<br>Signature  |                                     |   | Dated: <b>9/22/04</b>  |                              |                               |                                 |
| <b>Michael A. Cantor, Esq.</b><br><b>Registration No. 31,152</b><br><b>CANTOR COLBURN LLP</b><br><b>55 Griffin Road South</b><br><b>Bloomfield, CT 06002</b><br><b>(860) 286-2929</b>                            |                                     |   | <div style="border: 1px solid black; padding: 5px;"><p>I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on 9/22/04</p><p style="text-align: center;">(Date)</p><div style="text-align: center;"><br/>Signature of Person Mailing Correspondence</div><div style="text-align: center;"><b>Elayne Euliano</b><br/>Typed or Printed Name of Person Mailing Correspondence</div></div> |                              |                               |                                 |
| CC:  |                                     |   |  |                              |                               |                                 |



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Simon Raab et al )  
 ) Group Art No.  
SERIAL NUMBER: 10/642,385 ) 2859  
 )  
FILED: August 15, 2003 ) Examiner:  
 ) Travis Reis  
 )  
IMPROVED PORTABLE )  
COORDINATE MEASUREMENT )  
MACHINE )

AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This Amendment is responsive to the Office Action dated August 6, 2004.

09/24/2004 SDENB081 00000071 10642385  
01 FC:2202 288.00 OP

|   |                 |
|---|-----------------|
| I hereby certify that this correspondence was deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on |                 |
| 9/22/04<br>(Date of Deposit)  |                 |
| Elayne Euliano<br>(Name of Person Mailing Paper)  |                 |
| <br>Signature   | 9/22/04<br>Date |